

**CLAIMS ONLY**

Application Number

Application Number  
10-828274  
Applicant(s)

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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48						
49						
50						
Total Indep.						
Total Depend.	5					
Total Claims	6					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						